

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3						
4						
5						
6						
7						
8	/					
9		/				
10						
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12						
13						
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16	X	X				
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25	X	X				
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	15					
	19					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						